

## Hypothermia Guideline for ED

### The Treatment of Hypothermia in the ED

#### **“Remove Cold, Add Warm, Don’t Shake”**

32---35°C “Mild” – Shivering, Tachycardia, Tachypnoeic, Vasoconstriction

30---32°C “Moderate” – Shivering stops, Pale/Cyanosed, Hypotensive, Confused, Lethargic

<30°C “Severe” – Low GCS, Bradycardia/pnoeic, Hypotensive, Arrhythmias, Cardiac Arrest

#### **Initial Management**

- ABCD assessment
- Remove Wet/Cold clothing
- Dry Skin – **Be Careful Excess Movement May Precipitate Arrhythmia**
- Monitoring – Including ECG
- Warming Blanket

#### **Further Management – If not responding or <32°C**

- Active Rewarming – Aim to increase by 0.5---2°C/hr (Elderly aim for 0.5---1°C – risk of Cerebral/pulmonary oedema)
- Core Temperature Probe Required
- Warm IV Fluid 40°C
- Warm Humidified O<sub>2</sub>
- Warm Bladder Washouts – To Be Considered
- **Ensure Blood Glucose Adequate**
- Look for and treat cause e.g. Hypoglycaemia, Hypothyroid, Sepsis

#### **Cautions <30°C**

- Arrhythmias will usually respond to Rewarming
- Resus/Anaesthetic Drugs – May either have longer half---life or NOT WORK
- Defibrillation – If First 3 Shocks not worked Defer until Temp > 30°C
- **Remember You’re not Dead until You’re Warm and Dead – If prolonged use LUCAS**

#### **Transfer**

- **Patients Should Not be transferred with Temp < 32°C**
- In exceptional circumstances ICU may wish to transfer prior to this on instruction of ICU Consultant